



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Citizens for Mingo						
Full Name of Contributor Registration Numb					er, if PAC	
Randy Best						
Street Address	Employer/	Occupation/Labor On	Form (Cash, Check, etc.)			
10035 Juliana Circle					Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Powell	ОН	43065	10/18/2018		100.00	
Full Name of Contributor				Registration Number	er, if PAC	
M Ali Jamshidimehr						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
7941 Fairway Dr	Check					
City	State	Zip Code	Date (MM/D	DYYYY)	Amount	
Columbus	ОН	43235	10/18/2018		50.00	
Full Name of Contributor Registration Numb					er, if PAC	
Josephine Kouns						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6639 Baronscourt Loop					Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Dublin	ОН	43016	10/18/2018 50.00			
Full Name of Contributor Registration Numb					er, if PAC	
Rama Rao Gudhe						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
8172 Capmden Lakes Blvd	Check					
City	State	Zip Code	Date (MM/D	D/YYY)	Amount	
Dublin	ОН	43016		10/18/2018	75.00	
Full Name of Contributor Registration Numb					er, if PAC	
Rajendra Gohel						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6658 Traquair Pl	Check					
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Dublin	ОН	43016	10/18/2018 50.00			

Page	Total	325.00

^{*}Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]